

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1901 RESEARCH BOULEVARD SUITE 350
 Check if different than previously reported. (ACC)
ROCKVILLE MD 20850

2. **FEC IDENTIFICATION NUMBER** C00416305
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Jeremy Roth

Signature of Treasurer Electronically Filed by Dr. Jeremy Roth Date 06 26 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only								
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		52873.38
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	52873.38									
(c) Total Receipts (from Line 19)	19950.00	19950.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	72823.38	72823.38								
7. Total Disbursements (from Line 31)	10619.85	10619.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62203.53	62203.53								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	18625.00	18625.00
(ii) Unitemized	1325.00	1325.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19950.00	19950.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19950.00	19950.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19950.00	19950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19950.00	19950.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3100.00	3100.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	7519.85	7519.85
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10619.85	10619.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10619.85	10619.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19950.00	19950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19950.00	19950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 35
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 4170 Bethesda Ave. #719		Transaction ID: SA11AI.4773
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer First Colonies Anesthesia Asso	Occupation physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Marc Beck		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 16 Norris Run Court		Transaction ID: SA11AI.4745
City Reisterstown	State MD	Zip Code 21136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. John Bunker		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 15229 National Pike		Transaction ID: SA11AI.4699
City Hagerstown	State MD	Zip Code 21740
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 35
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Dr. Donald Charney</p> <p>Mailing Address 3707 Meadowhill Court</p> <p>City State Zip Code Phoenix MD 21131</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation First Colonies Anesthesia Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 06 / 25 / 2009</p> <p>Transaction ID: SA11AI.4746</p> <p>Amount of Each Receipt this Period 250.00</p> <p>payroll deduction</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Stayam Chary</p> <p>Mailing Address 9 Alterwood Lane</p> <p>City State Zip Code Owings Mill MD 21117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation First Colonies Anesthesia Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 06 / 25 / 2009</p> <p>Transaction ID: SA11AI.4748</p> <p>Amount of Each Receipt this Period 250.00</p> <p>payroll deduction</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Thomas Chau</p> <p>Mailing Address 7204 Loch Edin Court</p> <p>City State Zip Code Potomac MD 20854</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation First Colonies Anesthesia Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 06 / 25 / 2009</p> <p>Transaction ID: SA11AI.4722</p> <p>Amount of Each Receipt this Period 250.00</p> <p>payroll deduction</p>
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SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Dwayne Chen		Date of Receipt MM / DD / YYYY 06 / 25 / 2009		
	Mailing Address 11415 Commonwealth Drive #204		Transaction ID: SA11AI.4725		
	City Rockville	State MD	Zip Code 20852	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Edward Chen		Date of Receipt MM / DD / YYYY 06 / 25 / 2009		
	Mailing Address 10209 Fleming Avenue		Transaction ID: SA11AI.4723		
	City Bethesda	State MD	Zip Code 20814	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Jen Chen		Date of Receipt MM / DD / YYYY 06 / 25 / 2009		
	Mailing Address 1104 Mill Ridge Road		Transaction ID: SA11AI.4724		
	City McLean	State VA	Zip Code 22102	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. William Chester	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 5801 Nicholon Lane #1915	Transaction ID: SA11AI.4726
	City North Bethesda State MD Zip Code 20852	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 4846 Lee Hollow Place	Transaction ID: SA11AI.4749
	City Ellicott City State MD Zip Code 21043	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 18720 Shremor Drive	Transaction ID: SA11AI.4727
	City Derwood State MD Zip Code 20855	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Lauren Deloach	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 15114 Pepperridge Drive	Transaction ID: SA11AI.4692
	City State Zip Code Bowie MD 20721	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Karen Dugan	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 4107 Vickie Lynn Court	Transaction ID: SA11AI.4700
	City State Zip Code Mt. Airy MD 21771	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Todd Epstein	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 11305 Struttman Terrace	Transaction ID: SA11AI.4760
	City State Zip Code North Bethesda MD 20852	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 35
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Richard Evans

Mailing Address 6436 West Langley Lane

City State Zip Code
McLean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer
First Colonies Anesthesia Asso

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4774

Amount of Each Receipt this Period
250.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Dr. Tamara Gabrielli

Mailing Address 504 Reserve Champion Drive

City State Zip Code
Rockvilliem MD 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer
First Colonies Anesthesia

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4703

Amount of Each Receipt this Period
250.00

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Dr. Steven Grube

Mailing Address 13895 Foxtower Road

City State Zip Code
Thurmont MD 21788

FEC ID number of contributing federal political committee. **C**

Name of Employer
First Colonies Anesthesia

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4704

Amount of Each Receipt this Period
250.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 35
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Keith Hairston

Mailing Address 12312 Highstakes Drive

City State Zip Code
Reisterstown MD 21136

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4750

Amount of Each Receipt this Period
250.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Dr. Jean-Max Hogarth

Mailing Address 1614 Randallwood Court

City State Zip Code
Jarrettsville MD 21084

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4752

Amount of Each Receipt this Period
250.00

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Dr. Sung Hong

Mailing Address 8525 Huntspring Drive

City State Zip Code
Lutherville MD 21093

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4753

Amount of Each Receipt this Period
250.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Steven Hopper	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 4550 N. Park Avenue #101	Transaction ID: SA11AI.4761
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Stuart Hough	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 9110 Travener Circle	Transaction ID: SA11AI.4728
	City State Zip Code Frederick MD 21704	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Dr. Sean Isaac	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 920 Newington Ave.	Transaction ID: SA11AI.4754
	City State Zip Code Baltimore MD 21217	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Asso physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 35
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. David Johnson

Mailing Address 5506 Bootjack Drive

City State Zip Code
Frederick MD 21702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4707

Amount of Each Receipt this Period
250.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Dr. Christina Johnston

Mailing Address 3458 Holland Cliffs Road

City State Zip Code
Huntingtown MD 20639

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4693

Amount of Each Receipt this Period
250.00

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Dr. James Kaufman

Mailing Address 7514 Arrowwood Road

City State Zip Code
Bethesda MD 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4762

Amount of Each Receipt this Period
250.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol		Date of Receipt	
	Mailing Address 6579 Prestwick Drive		M M / D D / Y Y Y Y Y 06 / 25 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4708
	Highland	MD	20777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer First Colonies Anesthesia		Occupation Physician		payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Del Kirkpatrick		Date of Receipt	
	Mailing Address 3004 Hollow Crest Place		M M / D D / Y Y Y Y Y 06 / 25 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4729
	Brookeville	MD	20833	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer First Colonies Anesthesia Asso		Occupation physician		payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Richard Ko		Date of Receipt	
	Mailing Address 4101 Hunt Road		M M / D D / Y Y Y Y Y 06 / 25 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4763
	Fairfax	VA	22032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer First Colonies Anesthesia		Occupation Physician		payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 35
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 11722 Split Tree Circle		Transaction ID: SA11AI.4731
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 3467 North Venice Street		Transaction ID: SA11AI.4764
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Thomas Malone		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 11667 Fairmont Place		Transaction ID: SA11AI.4709
City Jiamsville	State MD	Zip Code 21754
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Mollyann March	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 6504 Greentree Road	Transaction ID: SA11AI.4710
	City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Dr. Stephen Martin	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 3336 O Street, NW	Transaction ID: SA11AI.4732
	City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Anna Noriega	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 603 Queen Street #4	Transaction ID: SA11AI.4733
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1125.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon		Date of Receipt MM / DD / YYYY 06 / 25 / 2009		
	Mailing Address 12123 Merricks Court		Transaction ID: SA11AI.4711		
	City Monrovia	State MD	Zip Code 21770	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Philip Owens		Date of Receipt MM / DD / YYYY 06 / 25 / 2009		
	Mailing Address 141 Adams Street, NW		Transaction ID: SA11AI.4734		
	City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Kent Ozkum		Date of Receipt MM / DD / YYYY 06 / 25 / 2009		
	Mailing Address 10720 Dern Road		Transaction ID: SA11AI.4712		
	City Emmisburg	State MD	Zip Code 21727	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia Asso	Occupation physician	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 35
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Dr. Paul Park		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 821 Oak Knoll Terrace		Transaction ID: SA11AI.4735
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 1813 Solitaire Lane		Transaction ID: SA11AI.4736
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Michael Peck		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 4 Farm Haven Court		Transaction ID: SA11AI.4765
City Rockville	State MD	Zip Code 20852
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 375.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 8400 Tysons Trace Court	Transaction ID: SA11AI.4737
	City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 3912 Calverton Drive	Transaction ID: SA11AI.4766
	City State Zip Code Hyattsville MD 20782	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Clyde Pray	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 908 Oak Knoll Terrace	Transaction ID: SA11AI.4777
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 35
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 6409 Pinehurst Road		Transaction ID: SA11AI.4756
City Baltimore	State MD	Zip Code 21212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer First Colonis Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Timothy Robinson		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 2212 Dalewood Road		Transaction ID: SA11AI.4757
City Timonium	State MD	Zip Code 21093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Alexander Rubin		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 6611 Hunter Trail Way		Transaction ID: SA11AI.4714
City Frederick	State MD	Zip Code 21702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Suzanne Scattergood

Mailing Address 14700 Crossway Road

City State Zip Code
Rockville MD 20853

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.4715

Amount of Each Receipt this Period

500.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)

Dr. Gerald Scheinman

Mailing Address 8010 Summer Mill Court

City State Zip Code
Bethesda MD 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.4738

Amount of Each Receipt this Period

250.00

payroll deduction

C.

Full Name (Last, First, Middle Initial)

Dr. Nader Soliman

Mailing Address 22905 David Mill Road

City State Zip Code
Germantown MD 20876

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.4739

Amount of Each Receipt this Period

250.00

payroll deduction

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Robert Study	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 6 Beall Spring Court	Transaction ID: SA11AI.4767
	City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 2454 Five Schillings Road	Transaction ID: SA11AI.4717
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 2454 Five Schillings Road	Transaction ID: SA11AI.4718
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 35
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Louis Swann

Mailing Address PO Box 6081

City State Zip Code
McLean VA 22106

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4768

Amount of Each Receipt this Period
250.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Dr. John Tam

Mailing Address 10905 Cripplegate Road

City State Zip Code
Potomac MD 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4740

Amount of Each Receipt this Period
250.00

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Dr. Rojack Tan

Mailing Address 507 Goodland Place

City State Zip Code
Rockville MD 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4769

Amount of Each Receipt this Period
250.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Bernard Tsai		Date of Receipt
	Mailing Address 10013 New London Drive		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4741
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
			payroll deduction

B.	Full Name (Last, First, Middle Initial) Dr. Reed Underwood		Date of Receipt
	Mailing Address 1518 T Street, NW		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20009
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4778
Name of Employer First Colonies Anesthesia Asso		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
			payroll deduction

C.	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon		Date of Receipt
	Mailing Address 22 Woodfield Court		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Reisterstown	MD	21136
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4695
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
			payroll deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 35
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Martha Van Clief

Mailing Address 405 Apple Grove Road

City State Zip Code
Silver Spring MD 20904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4696

Amount of Each Receipt this Period
250.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Dr. Paul Van Nice

Mailing Address 71401 Meadow Lane

City State Zip Code
Chevy Chase MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4742

Amount of Each Receipt this Period
250.00

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Dr. Mark Vogt

Mailing Address 1149 Colonial Road

City State Zip Code
McLean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4771

Amount of Each Receipt this Period
250.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren		Date of Receipt
	Mailing Address 1200 Colvin Meadows Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2009
	City	State	Zip Code
	Great Falls	VA	22066
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4743
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			payroll deduction

B.	Full Name (Last, First, Middle Initial) Dr. Timothy Wex		Date of Receipt
	Mailing Address 11429 Cedar Ridge Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2009
	City	State	Zip Code
	Potomac	VA	20854
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4772
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			payroll deduction

C.	Full Name (Last, First, Middle Initial) Dr. David Wheeler		Date of Receipt
	Mailing Address 7108 Collingwood Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2009
	City	State	Zip Code
	Elkridge	MD	21075
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4758
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			payroll deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 / 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Thomas Wherry		Date of Receipt
	Mailing Address 611 W. 2nd Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 25 / 2009
	City	State	Zip Code
	Frederick	MD	21701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4697
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	payroll deduction

B.	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon		Date of Receipt
	Mailing Address 18212 Wickham Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 25 / 2009
	City	State	Zip Code
	Olney	MD	20832
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4698
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	payroll deduction

C.	Full Name (Last, First, Middle Initial) Dr. Ai Qin Yu		Date of Receipt
	Mailing Address 13508 Gumspring Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 25 / 2009
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4744
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	payroll deduction

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 35	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Jungim Yun		Date of Receipt																					
	Mailing Address 2057 Thurston Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		2	5		2	0	0	9														
	City	State	Zip Code	Transaction ID: SA11AI.4721																				
	Frederick	MD	21704	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer First Colonies Anesthesia		Occupation Physician	payroll deduction																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	250.00																					

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	18625.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Citizens for Brian Frosh</p> <p>Mailing Address 4810 Grantham Ave.</p> <p>City Chevy Chase State MD Zip Code 20815</p> <p>Purpose of Disbursement contribution <input type="text"/></p> <p>Candidate Name Citizens for Brian Frosh</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4805 Date of Disbursement 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens to elect Bob Costa</p> <p>Mailing Address PO Box 113</p> <p>City Churchton State MD Zip Code 20733</p> <p>Purpose of Disbursement contribution <input type="text"/></p> <p>Candidate Name Citizens to elect Bob Costa</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4799 Date of Disbursement 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of John Astle</p> <p>Mailing Address 51 Fleet St.</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement contribution <input type="text"/></p> <p>Candidate Name Friends of John Astle</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4791 Date of Disbursement 06 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1050.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Friends of Mike Busch</p> <p>Mailing Address PO Box 2241</p> <p>City Annapolis State MD Zip Code 21404</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name Friends of Mike Busch</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4802</p> <p>Date of Disbursement 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Robert Gargiola</p> <p>Mailing Address 11 Balden Street Room 104</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name Friends of Robert Gargiola</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4795</p> <p>Date of Disbursement 06 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Shawn Tarrant</p> <p>Mailing Address PO Box 67047</p> <p>City Baltimore State MD Zip Code 21215</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name Friends of Shawn Tarrant</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4796</p> <p>Date of Disbursement 06 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1800.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Shane Pendergrass

Transaction ID: SB23.4794

Date of Disbursement

Mailing Address PO Box 6711

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	9

City State Zip Code
Columbia MD 21045

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement contribution

--

Candidate Name
Shane Pendergrass

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: MD District:

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

3100.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates	Transaction ID: SB29.4779 Date of Disbursement
	Mailing Address 18 Pinkney Street	<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Annapolis State MD Zip Code 21401	Amount of Each Disbursement this Period
	Purpose of Disbursement lobbying fees Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates	Transaction ID: SB29.4780 Date of Disbursement
	Mailing Address 18 Pinkney Street	<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Annapolis State MD Zip Code 21401	Amount of Each Disbursement this Period
	Purpose of Disbursement lobbying fees Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates	Transaction ID: SB29.4782 Date of Disbursement
	Mailing Address 18 Pinkney Street	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Annapolis State MD Zip Code 21401	Amount of Each Disbursement this Period
	Purpose of Disbursement lobbying fees Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates <hr/> Mailing Address 18 Pinkney Street <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement lobbying fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4783 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates <hr/> Mailing Address 18 Pinkney Street <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement lobbying fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4788 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates <hr/> Mailing Address 18 Pinkney Street <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement lobbying fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4789 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Barbara Marx Brocato & Associates

Mailing Address 18 Pinkney Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
lobbying fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4790

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Mid-Atlantic Practice Management Services, LLC

Mailing Address 1901 Research Blvd.
Suite 350

City Rockville State MD Zip Code 20850

Purpose of Disbursement
transportation to MSA

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4787

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

467.20

SUBTOTAL of Disbursements This Page (optional)

1467.20

TOTAL This Period (last page this line number only)

7467.20